

PMH66

REASONS FOR CONTINUING OR DISCONTINUING OLANZAPINE IN THE TREATMENT OF SCHIZOPHRENIA FROM PATIENTS' AND CLINICIANS' PERSPECTIVES

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OBJECTIVES: To identify the reasons for continuation or discontinuation of olanzapine in the treatment of schizophrenia from the patients' and their clinicians' perspectives. **METHODS:** Two measures were previously developed to assess the Reasons for Antipsychotic Discontinuation/Continuation (RAD), one from the patient's perspective (RAD-I) and the other from patient's clinician's perspective (RAD-Q). These measures were administered to 199 outpatients with schizophrenia and their clinicians, participants in a 22-week open-label study of olanzapine. Reasons for continuation and for discontinuation of olanzapine were rated on a 5-point scale from "primary reason" to "not a reason." The single most important reason was also identified. The top "primary reasons" for continuation and for discontinuation of olanzapine were identified. Levels of concordance between patients' and clinicians' reasons were assessed. **RESULTS:** Patients and clinicians have identified several primary reasons for continuation or discontinuation of olanzapine (2.3 to 8.5 reasons, on average). The top "primary reasons" for continuation on olanzapine were patient's perception of improvement, improvement of positive symptoms, and improved functioning. Study discontinuation rate was relatively low, and only a few of the discontinued participants reported reasons for medication discontinuing. The top "primary reasons" for discontinuing olanzapine were: insufficient improvement or worsening of positive symptoms, adverse events, and insufficient improvement or worsening of negative symptoms. A high level of concordance was observed between patients' and clinicians' ratings. **CONCLUSIONS:** Medication efficacy, especially for positive symptoms, appears to be the core driver of continuation on olanzapine and of its infrequent discontinuation. Reasons for medication discontinuation differ somewhat from reasons for continuation, with a high level of concordance between patients' and clinicians' perspectives.

PMH67

REFUSAL OF ANCILLARY SUPPORT SERVICES EARLY IN TREATMENT PREDICTS SIX MONTH OUTCOMES AMONG BUPRENORPHINE-MEDICATION ASSISTED TREATMENT PATIENTS

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OBJECTIVES: Multiple treatment options exist for chemical dependence patients including medication, counseling, and self-help groups. Prior research indicates that outcomes may be affected by choices patients make early in treatment. The purpose of this study was to examine patient differences among those who chose to participate in an ancillary patient support program early in opioid dependence (OD) treatment compared to those who chose not to. **METHODS:** OD patients new to B-MAT (N = 1426) were randomized to receive B-MAT plus a patient support program (experimental group, n = 987) or B-MAT alone (standard care, n = 439). The experimental group was divided into 2 groups based on patient choice: 1. refused to participate in the intervention (n = 336); 2. agreed to participate (n = 651). Subjects completed the Addiction Severity Index (ASI) at baseline, 1, 2, 3, and 6 months post-enrollment. The ASI is a semi-structured interview designed to measure problem severity in 7 functional areas known to be affected by alcohol and drug dependence. **RESULTS:** At month six, subjects who refused the intervention were less likely to be compliant with B-MAT (51.4%) compared to both the accepted intervention group (70.1%) and the standard care group (64.7%; $\chi^2(2, n = 1062) = 25.24, p < .001$). Further, at baseline, those who refused the intervention had lower legal, psychiatric, and family composite scores, which indicates lower problem severity in these areas, (p 's < .05) compared to experimental cases who agreed to participate. **CONCLUSIONS:** Subjects who refused the intervention reported the lowest rate of B-MAT compliance at month six making refusal a potential triage indicator. However, as a group, refusers also reported lower problem severity in several functional areas at baseline compared to those who agreed to participate. Refusal of ancillary services alone is not an adequate triage indicator as refusals are heterogeneous in problem severity make-up.

PMH68

A LONGITUDINAL ANALYSIS OF THE EFFECT OF BUPRENORPHINE-MEDICATION ASSISTED TREATMENT (B-MAT) AND A STRUCTURED PATIENT SUPPORT PROGRAM ON B-MAT ADHERENCE IN A NATIONAL SAMPLE OF OPIOID DEPENDENT PATIENTS

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OBJECTIVES: The purpose of this study was to examine the longitudinal effect of buprenorphine-medication assisted treatment (B-MAT), combined with a patient support program, on medication adherence in a sample of opioid dependent patients. Its effect on drug abuse will also be explored. **METHODS:** OD patients new to B-MAT (N = 410) were randomized to receive B-MAT plus a patient support program (experimental group, n = 249) or B-MAT alone (standard care, n = 161). All patients completed the Addiction Severity Index (ASI) at baseline, 1, 2, 3, and 6 months post-enrollment. The ASI is a semi-structured interview designed to measure problem severity in 7 functional areas known to be affected by alcohol and drug dependence. A repeated measures ANOVA was used to detect group, time and interaction effects

for compliance with B-MAT. **RESULTS:** One year follow-up data will be presented in the poster; however, only 6 month data were available at the time of submission. The intervention group reported taking their medication on more days than controls $F(1408) = 4.48; p < 0.05$. A significant time effect was also observed $F(3, 1224) = 36.9, p < 0.001$, with subjects as a whole taking their medication on less days as the study progressed. The significant time x group interaction indicated that subjects in the control group took their medication on less days over the course of the study compared to the intervention group $F(3, 1224) = 2.34, p < 0.10$. Greater involvement in the intervention also led to reductions in opioid abuse ($p < 0.05$). **CONCLUSIONS:** The patient support program seemed to improve the number of days OD patients took their medication and reduced the likelihood of abusing drugs. Supplementing B-MAT with a structured compliance-enhancement program may be an effective way to improve adherence with medication in a sample of OD patients.

PMH69

THE EFFECT OF A TELEPHONIC PATIENT SUPPORT PROGRAM ON TREATMENT OUTCOMES AMONG A SAMPLE OF OPIOID DEPENDENCE PATIENTS: ONE YEAR FOLLOW-UP

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OBJECTIVES: Buprenorphine-medication assisted treatment (B-MAT) is clinically effective for opioid dependence (OD). However, participation in ancillary treatment activities may enhance medication compliance, thereby improving treatment outcomes. The purpose of the present study was to investigate the effect of a telephonic patient compliance-enhancement program on B-MAT compliance in a sample of OD patients after one year in treatment. **METHODS:** OD patients new to B-MAT (N = 1426) were randomized to receive B-MAT plus the telephonic patient support program (intervention group) or B-MAT alone (standard care group). Patients completed the Addiction Severity Index (ASI) at the time of enrollment and at 5 follow-up periods over the course of one year. The ASI is a semi-structured interview designed to measure problem severity in 7 functional areas known to be affected by alcohol and drug dependence. **RESULTS:** One year follow-up data will be presented in the poster; however, only 6 month data were available at the time of submission. The intervention group was significantly more compliant with B-MAT than the standard care group (73.3% vs. 64.7%, $\chi^2 = 6.43, p = 0.01$). Furthermore, greater involvement in the intervention led to a reduction in the use of injection and prescription opioids (p 's < 0.05). **CONCLUSIONS:** The compliance-enhancement intervention improved adherence to B-MAT and patient treatment including abuse of opioids. Supplementing B-MAT with a structured, telephonic compliance-enhancement program is an effective way to improve compliance with medication as well as patient outcomes.

PMH70

OPIOID RELAPSE RATES AMONG A SAMPLE OF NEW BUPRENORPHINE-MEDICATION ASSISTED TREATMENT PATIENTS: RELATIONSHIP TO MEDICATION COMPLIANCE AT ONE YEAR

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OBJECTIVES: Studies consistently show high relapse rates (25%-35%) among chemical dependence patients. Relapse is especially problematic for patients diagnosed with opioid dependence (OD), which has often been characterized as a chronic relapsing disorder. The purpose of the present study was to examine the effect of compliance with buprenorphine-medication assisted treatment (B-MAT) on relapse among a sample of opioid dependent patients. **METHODS:** OD patients new to B-MAT (N = 554) completed the Addiction Severity Index (ASI) at baseline, 1, 2, 3, and 6 months post-enrollment. The ASI is a semi-structured interview designed to measure problem severity in 7 functional areas known to be affected by alcohol and drug dependence. One year follow-up data will be presented in the poster; however, only 6 month data were available at the time of submission. Compliance with B-MAT was defined as taking medication on at least 80% of the days over the past month. Relapse was defined as use of opioids, including heroin, methadone, or pharmaceutical opioids, after an initial period of no use. **RESULTS:** Patients who were compliant with B-MAT were significantly less likely to relapse compared to subjects who were non-compliant with B-MAT (24.8% vs. 57.8%, $\chi^2(1, n = 493) = 37.49, p < 0.001$). Differences in baseline characteristics between the compliance groups and the relapse groups were also revealing. Patients who relapsed had significantly higher baseline medical, legal, psychiatric, and family composite scores compared to those who did not relapse (p 's < 0.05), indicating greater problem severity in these areas. **CONCLUSIONS:** Compliance with B-MAT for six months seems to reduce the likelihood of relapse in OD patients. Difference in patient characteristics may be used to help providers identify patients who need higher levels of care to avoid relapse. Future studies should examine relapse rates in patients who have successfully tapered off B-MAT.

PMH71

ISSUES IN THE USE OF THE HOSPITAL ANXIETY AND DEPRESSION SCALE IN AN ALCOHOL-DEPENDENT POPULATION

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OBJECTIVES: To evaluate the psychometric properties of the Hospital Anxiety and Depression Scale (HADS) in selected research to ascertain the suitability of this tool for screening for anxiety and depression in an alcohol-dependent population. **METHODS:** Narrative review. **RESULTS:** Of the 529 articles initially evaluated, selected studies included 28 studies used to evaluate the factor analysis of the HADS,